



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

325 North Salisbury Street • Raleigh, North Carolina 27603 • Courier #56-20-24
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(919) 733-7011

Willie M. Section

ADMINISTRATIVE LETTER NO. 93-2

ACTION ORIGINAL

TO: Area Directors
Willie M. Coordinators

FROM: Marci White, Chief
Willie M. Section

DATE: March 23, 1993

RE: PROCESS AND PROTOCOL FOR DETERMINING NEED FOR NON-MEDICAL SECURE TREATMENT SERVICES

PURPOSE and POLICY

This Administrative Letter establishes the process and procedures to be used by local programs and the State **Willie M. Section** in determining whether class members need to receive ongoing treatment services in a secure (locked) setting. Class members may be admitted to such settings only if they meet criteria for voluntary admission under Section 122C of the Mental Health laws. Class members who do not have such commitments must be treated in unlocked community settings. Class members with acute psychiatric or other critical medical problems should continue to be referred to psychiatric hospitals.

If the **Willie M. Section** determines, in consultation with local program staff, that a class member needs to live in a secure setting in order to receive appropriate services, it will then take steps to provide or arrange for the provision of the needed secure treatment services. At the present time, we are not able to provide appropriate services to all of the class members in need of secure treatment services. Because of the limited availability of secure treatment services and because of the highly restrictive and intensive nature of such services, the **Willie M. Section** must be involved at the **earliest** possible time when the child's habilitation team (and the responsible clinician) believe that the class member **may** require a locked setting in order to assure his or the

community's safety or in order for the child to receive effective treatment. **This includes the consideration of Wright or Whitaker Schools as a possible service need for any Willie M. class member.**

PROCESS FOR DETERMINING SECURE TREATMENT NEED

1. When the class member's habilitation team and responsible clinician believe that a class member **may** need to receive ongoing treatment in a secure setting, the Area Program's **Willie M.** Coordinator should contact his/her **Willie M.** Regional Service Manager to discuss the child and his/her needs. The **Willie M.** Coordinator should contact the Service Manager at the earliest possible time to ensure appropriate planning and timely service provision.
2. If the Regional Service Manager agrees with the local program that the class member is in need of non-medical secure treatment services, the local program will then proceed with the collection of information outlined on the attachment to this letter, Form WM93-2. If the Regional Service Manager believes that the class member does not require a secure setting in order to receive appropriate services, he/she will provide recommendations and ongoing technical assistance to ensure the provision of alternative and appropriate services.
3. Area Programs should collect and provide the information requested on Form WM93-2, for class members whose IHPs identify locked treatment as a primary residential need. The form should be completed by the class member's case manager, along with the requested supporting documentation. The information packet should be forwarded **directly to the Regional Service Manager**, not to the State **Willie M.** Office. The Regional Service Manager will then review the information, request any additional needed information, and either forward the packet to the State **Willie M.** Office for final determination or return the packet with reasons for rejection of secure treatment as an appropriate service. Area Programs should provide to the Service Manager updated information on class members determined to need secure treatment at any time that significant changes in circumstances or needs occur.
4. Area Programs should prepare and submit to the Service Manager the information on Form WM93-2 for any class member being referred to Wright or Whitaker Schools. This procedure is in addition to the application process used by Regional Placement Committees for these schools, but will not slow down the Regional Committees' procedures in any way. The **Willie M.** Section needs this information in order to assure that the limited number of secure beds are used for those class members most in need of the services. In some cases, class members may be identified as a candidate for both BATC or Tom Ray and to Whitaker School at the same time. The Service Manager will work with the Area Program staff to assure that the class members are considered for the most appropriate service.

5. Once a month, the **Willie M.** Section will review the information on class members in need of secure treatment and establish priorities for admission to Butner Adolescent Treatment Center and Tom Ray Center. The Regional Service Manager will be informed of each class member's approximate priority for admission, particularly for those whose admission appears imminent (within 45 days). Final notice of admission will be transmitted through the Regional Service Manager. The Regional Service Manager will work with the Area Program case manager and others involved in treatment planning to assure that the admission is accomplished smoothly.

INTERIM SERVICES

Area Programs should continue to provide services to class members for whom the State has determined need secure treatment services. Completion of the information packet for secure treatment needs does not constitute a service, and it is expected that interim services will be provided when the most appropriate service is not yet available. The Regional Service Manager will assist the Area in identifying and developing such interim services. For class members currently residing in training schools, psychiatric hospitals or other institutions, the State Services Coordinator in the State **Willie M.** Section will assist the institution, the Area Program and the Regional Service Manager to identify interim services that may be provided for the class member while still in the institution. It is crucial that all Area Program staff understand that the State's inability to provide appropriate services immediately does not relieve the State or its agents of the responsibility to provide interim services.

We do not have sufficient capacity in our current secure facilities to serve all class members determined to need those services at any one time. For the foreseeable future, there will be a waiting list for secure treatment services and we will be using the available beds for class members who present with the needs. Area Programs should continue to serve class members who have been determined to need secure treatment through provision of evaluations, case management, treatment planning, therapy, residential care or other interim services. Interim services prior to secure admission must be identified and provided for all of these class members.

Attachment: Form WM93-2 (Information to Determine Need for Secure Treatment)

cc:

Mike Pedneau
Judy Stephens
Bill Hussey
Mary Behr
Debbie Simmers
Melinda Lawrence

SECURE TREATMENT NEED INFORMATION

Name of Class Member:		County of Legal Residence:	
Date of Birth:		In Custody Of:	
Certification Date:		Date Information Sent:	
Child's Current Setting		For How long?	

Questions Regarding Class Member (Answer Each — attach additional information is necessary)

1. Why are locks needed for this class member?	
2. What is the time in a locked setting expected to do to or for this class member?	
3. What has to be different about this class member or his environment in order for locks not to be needed?	
4. What are the class member's current diagnoses?	
5. Is medication currently used? If so, why; what kind; how much; and prescribed by whom?	
6. What will be the step down plan from the secure setting?	
7. What interim services will be provided prior to admission to a secure treatment setting?	

Additional Information Needed (Attach copy of each pertinent item):

- | | |
|----------------------------------------------|-------------------------------------|
| 1. Social and family history | 5. Previous treatment received |
| 2. Life chart and medication chart | 6. Legal status (court involvement) |
| 3. Psychological and Psychiatric evaluations | 7. Current IHP/IEP |
| 4. Medical information | |

Contact Person for Application: _____

Willie M. Coordinator, Signature: _____